Public Guardianship Referral

- To be completed by CSB Representative, DD Agency or Training Center Community Integration Manager.
- Referrals are <u>not accepted from agencies not listed above</u>.
- Please save in Word Format, a secure link can be requested by emailing <u>Public.Guardianship@dbhds.virginia.gov</u>
- Individuals are added to the waitlist based on the following criteria:
 - 1. Un-friended-No family, friends, or other support partners in place.
 - 2. Indigent- No significant financial resources outside of Waiver/SSI.
 - 3. Primary diagnosis of intellectual disability prior to the age of 18.
- Individuals added to the waitlist will be assigned a public guardianship slot based on the number of days on the waitlist.
- In submitting this referral the CSB and/or Individual assumes the responsibility for securing an attorney and paying for any associated petitioning costs.

| Date of Referral | Click here to enter a date | |
|--|---|------------------------------------|
| Referring CSB | Click here to enter referring agency. | |
| Training Center if applicable | Click here to enter training center. | |
| Support Coordinator/DD Case | Click here to enter Support Coordinator/DD Case Manager/CIM | |
| Manager/CIM | | |
| Address | Click here to enter address. | |
| 21 | | |
| Phone | Click here to enter Phone | |
| Fax | Click here to enter Phone | |
| Email | Click here to enter Email | |
| | | |
| Individual/Date of Birth | Click here to enter Individual's Name | Click here to enter Date of Birth. |
| Gender/ Race | Click here to enter Gender | Click here to enter Race. |
| Address | Click here to enter Address | |
| Chart Niveshau/Avatau avashau if | Click here to enter number | |
| Chart Number/Avatar number if | Click here to enter humber | |
| applicable If Applicable Discharge Date from | Click here to enter DC Date | |
| | Click liefe to effice DC Date | |
| Training Center Does the individual have a | | |
| | Select One. | |
| documented diagnosis of Intellectual | Select Offe. | |
| Disability prior to age 18? Current Residential Status/History of | Click here to enter current residential status and history of residential status. | |
| residential status | Click liefe to effice current residential status and history of residential status. | |
| Other important information | Click here to enter additional information | |
| Is this individual indigent? | Select One. | |
| | | |
| Funding Support | Click here to enter funding supports | |
| la Abia individual our friends de de | Describe femily/friend/ | southast/social history |
| Is this individual un-friended? | Describe family/friend/support and attempts at contact/social history | |